

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

*Gila*

# ARIZONA STATE BOARD OF HEALTH

1. County of \_\_\_\_\_  
 District of \_\_\_\_\_  
 Town of *miami*  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. *11-8*  
 County Registrar No. *671*  
 Local Registrar No. \_\_\_\_\_

No. *Miami Inspiration Hospital*  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child *James Newman Burrell*  
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child *male*  
 To be answered ONLY in event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? *yes*  
 7. Date of birth *June 14, 1926*  
 Month Day Year

8. FATHER  
 Full name *Raymond James Burrell*  
 9. Residence (Usual place of abode) *Miami, Arizona*  
 If non-resident, give place and state.  
 10. Color or race *white*  
 11. Age at last birthday *23* (Years)

14. MOTHER  
 Full maiden name *Oppie Joe Newman*  
 15. Residence (Usual place of abode) *Miami, Arizona*  
 If non-resident, give place and state.  
 16. Color or race *white*  
 17. Age at last birthday *22* (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) *New Mex. Co*  
 13. Occupation *Electrician*  
 Nature of Industry *Copper mine*

18. Birthplace (city or place) *Bazett*  
 (State or country) *Texas*  
 19. Occupation *Housewife*  
 Nature of Industry

20. Number of children of this mother  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living *1*  
 (b) Born alive but now dead *0*  
 (c) Stillborn *0*  
 21. Were precautions taken against ophthalmia neonatorum? *yes*

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* at *7:30 P* m. on the date above stated  
 (Born alive or stillborn.)  
 Signature *H. J. Miller*  
 Address *Miami, Arizona*  
 (Physician or midwife)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed *July 3, 1926*  
 Registrar \_\_\_\_\_  
 Local Registrar \_\_\_\_\_  
 County Registrar \_\_\_\_\_

*123-614-655*